

Important Advances in Clinical Medicine

Epitomes of Progress—Pediatrics

The Scientific Board of the California Medical Association presents the following inventory of items of progress in Pediatrics. Each item, in the judgment of a panel of knowledgeable physicians, has recently become reasonably firmly established, both as to scientific fact and important clinical significance. The items are presented in simple epitome and an authoritative reference, both to the item itself and to the subject as a whole, is generally given for those who may be unfamiliar with a particular item. The purpose is to assist the busy practitioner, student, research worker or scholar to stay abreast of these items of progress in Pediatrics which have recently achieved a substantial degree of authoritative acceptance, whether in his own field of special interest or another.

The items of progress listed below were selected by the Advisory Panel to the Section on Pediatrics of the California Medical Association and the summaries were prepared under its direction.

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Progress Toward Eradication of Smallpox

RECENT NEWSPAPER and television news reports of smallpox epidemics in India have caused apprehension regarding the feasibility of total global smallpox eradication. A brief appraisal of the present situation seems appropriate.

In 1967 the World Health Organization's intensified Smallpox Eradication Program was formally inaugurated; the goal was total worldwide elimination of smallpox within ten years. At that time, although reported disease incidence was incomplete, endemic disease was known to be present in more than 30 countries and in 10 additional countries smallpox had been imported during that year. By the end of 1973, some six years later, the total eradication of smallpox had been achieved in the Americas (in 1971) and in Indonesia (in January of 1972).

Relatively few cases are occurring in Ethiopia, the only African nation with continuing smallpox

transmission. Helicopter transport has been used recently to reach remote villages and nomadic groups. Based on current reports, this country should be free of smallpox by late 1975.

The fourth and final region, consisting of three countries of the Indian subcontinent, India, Pakistan and Bangladesh, accounted for 96 percent of all cases in 1973, and at least that proportion in 1974. Two thirds of these cases were reported from northern India. The incidence of smallpox in India has decreased dramatically during the early months of 1975, and endemic transmission of smallpox in that country was interrupted in June of 1975. Despite intensive search, no cases have been found in Pakistan since October 1974. The program is moving rapidly in Bangladesh, and the 1,500 national and 60 international staff members working in that country predict the end of smallpox in Bangladesh by the end of 1975.

During the eighth year of the intensified smallpox eradication program, the goal is clearly attainable and well within the ten-year interval